|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Hasil gambar untuk logo rs murjaniRSUD**  **dr. Murjani Sampit** | **LAPORAN OPERASI** | | | | | | | | | | | |
| NAMA : | | | | | JENIS KELAMIN :  ⃝ LAKI – LAKI  ⃝ PEREMPUAN | | | | | No.RM : | |
| TGL.LAHIR : | | | | | | | RUANG/KELAS : | | | | |
| DOKTER OPERATOR : | | | | ASISTEN : | | | | | | PERAWAT INSTRUMEN : | | |
| DIAGNOSA PRA OPERATIF : | | | | | | | DIAGNOSA POST OPERATIF : | | | | | |
| MACAM PEMBEDAHAN :  ⃝ KHUSUS ⃝ SEDANG  ⃝BESAR ⃝ KECIL | | | JENIS PEMBEDAHAN :  ⃝ ELEKTIF  ⃝ EMERGENSY | | | | | | PEMERIKSAAN SPECIMEN :  ⃝ YA  ⃝ TIDAK | | | |
| MACAM OPERASI : | | | | | | | | | JARINGAN YANG DI EKSISI/INSISI : | | | |
| TANGGAL OPERASI : | | JAM OPERASI DIMULAI : | | | | JAM OPERASI SELESAI : | | | | | | LAMA OPERASI : |
| **URAIAN SINGKAT :**  **Proses operasi :**   * Pasien dengan posisi telentang/tiarap/lithotomi/miring/duduk/trendelenburg * Desinfeksi area operasi dengan menggunakan iodin povidon 10% * Mempersempit area operasi dengan memasang duk steril kemudian difiksasi dengan towel klem * ...................................................................................................................................................................... * ...................................................................................................................................................................... * ...................................................................................................................................................................... * ...................................................................................................................................................................... * ...................................................................................................................................................................... * ...................................................................................................................................................................... * ......................................................................................................................................................................   **Jumlah pendarahan** :...................................................................................................................................................  **Kesulitan dalam operasi** :..........................................................................................................................................  ...................................................................................................................................................................................  **Terapi Post Operasi :**   1. ............................................... 2. ............................................... 3. ............................................... 4. ............................................... 5. ............................................... | | | | | | | | | | | | |
|  | | | | | **Operator :**  (................................................) | | | | | | | |